

MDS Alert

Pressure Ulcer Prevention ~ Take Credit For A Wheelchair Repositioning Program On The MDS

Here's what you need to do to code the program at M5c.

To head off survey woes and lawsuits, you want to take credit for all of your care programs. And if you think the RAI manual only allows you to code a turning/repositioning program for residents in bed, read the instructions for M5c more closely.

The manual's definition doesn't "explicitly limit M5c to bed mobility," says **Cheryl Field, MSN, RN**, a consultant with **LTCQ Inc.** in Lexington, MA. But "more often, providers code this item" for such programs, she notes. Yet, in Field's view, the manual's definition "certainly includes wheelchair repositioning programs."

The manual says a turning/repositioning program "includes a continuous, consistent program for changing the resident's position and realigning the body," Field points out. To be considered a program, however, the strategy has to meet the RAI definition of being "organized, planned, documented, monitored and evaluated," according to the manual.

The bottom line: If the staff cue or help a person to get up and reposition from the wheelchair -- and that strategy is part of the care plan and meets the RAI criteria for being a program -- then code it in Section M as a turning/repositioning program, advises **Jane Belt, RN, MS**, consulting manager, **Plante & Moran PLLC**, in Columbus, OH.